

<i>SERFF Tracking Number:</i>	<i>LFCR-125640722</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Minnesota Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>38970</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>LTC03I Individual Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03I.001 Qualified</i>
<i>Product Name:</i>	<i>F67694 - LTC Awareness Month</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Minnesota Life Insurance Company

Product Name: F67694 - LTC Awareness Month SERFF Tr Num: LFCR-125640722 State: ArkansasLH

TOI: LTC03I Individual Long Term Care

SERFF Status: Closed

State Tr Num: 38970

Sub-TOI: LTC03I.001 Qualified

Co Tr Num:

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Harris Shearer

Author: Smith Darlene

Disposition Date: 07/23/2008

Date Submitted: 05/09/2008

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/23/2008

State Status Changed: 07/23/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Advertising Filing

Company and Contact

Filing Contact Information

(This filing was made by a third party - LCA01)

Michael Lewis, Senior Compliance Analyst - michael.lewis@lifecareassurance.com

SERFF Tracking Number: LFCR-125640722 State: Arkansas
Filing Company: Minnesota Life Insurance Company State Tracking Number: 38970
Company Tracking Number:
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified
Product Name: F67694 - LTC Awareness Month
Project Name/Number: /

Advertising

P.O. Box 4243 (818) 867-2380 [Phone]
Woodland Hills, CA 91365-4243 (818) 867-2508[FAX]

Filing Company Information

Minnesota Life Insurance Company	CoCode: 66168	State of Domicile: Minnesota
Long Term Care Administrative Office	Group Code: 869	Company Type:
P.O. Box 4243		
Woodland Hills, CA 91365-4243	Group Name:	State ID Number:
(818) 867-2450 ext. [Phone]	FEIN Number: 41-0417830	

SERFF Tracking Number:	LFCR-125640722	State:	Arkansas
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	No
Fee Explanation:	\$25.00 x 4 forms = \$100.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Minnesota Life Insurance Company	\$100.00	05/09/2008	20199425

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor (FM)	07/23/2008	07/23/2008

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Disposition

Disposition Date: 07/23/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LFCR-125640722 State: Arkansas

Filing Company: Minnesota Life Insurance Company State Tracking Number: 38970

Company Tracking Number:

TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.001 Qualified

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Project Name/Number: /

Item Type	Item Name	Item Status	Public Access
Supporting Document	Cover Letter	Filed-Closed	Yes
Supporting Document	NAIC Transmittal	Filed-Closed	Yes
Form	LTC Flyer	Filed-Closed	Yes
Form	LTC Flash Presentation	Filed-Closed	Yes
Form	LTC Folder	Filed-Closed	Yes
Form	LTC Client Awareness Letter	Filed-Closed	Yes

SERFF Tracking Number:	LFCR-125640722	State:	Arkansas
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TOI:	LTC03I Individual Long Term Care	Sub-TOI:	LTC03I.001 Qualified
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Project Name/Number:	/		

Form Schedule

Lead Form Number: F67694

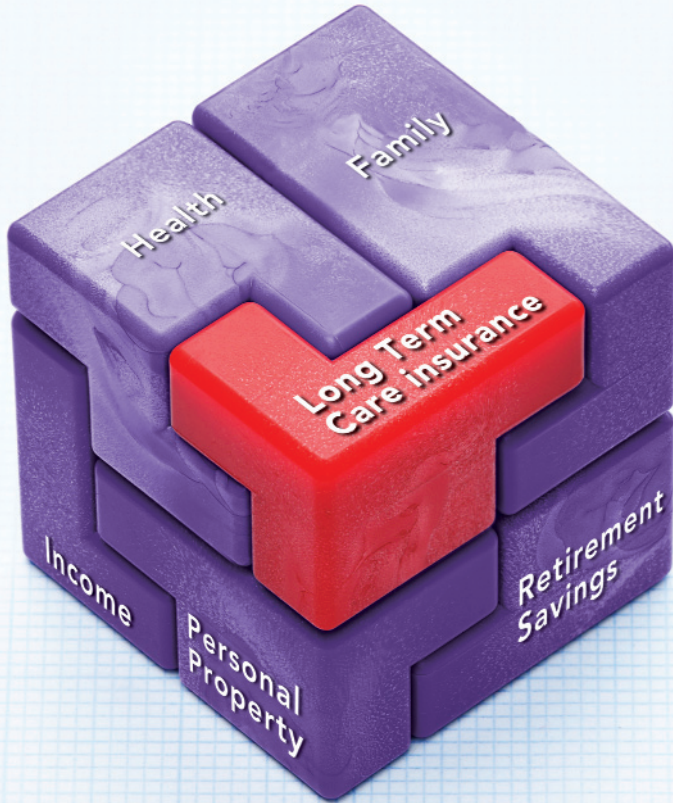
Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	F67694	Advertising LTC Flyer	Initial		0	F67694 Flyer submitted 5-5-08.pdf
Filed-Closed	F67694-1	Advertising LTC Flash Presentation	Initial		0	F67694-1 LTC-Flash submitted 5-5-08.pdf
Filed-Closed	F68454	Advertising LTC Folder	Initial		0	F68454 LTC Folder submitted 5-5-08.pdf
Filed-Closed	A01448-0408	Advertising LTC Client Awareness Letter	Initial		0	A01448-0408 LTC Awareness Month Client Letter submitted 5-....pdf

Minnesota Life Insurance Company

The building block
of protection.

MINNESOTA LIFE

A Securian Company



The purpose of this material is the solicitation of insurance.

LTC Awareness Month: November 2008

A top priority for many individuals is protecting their families. Life expectancies are continuing to rise, making the possibility of needing long term health care more realistic. Long Term Care insurance (LTCi) is an integral part of protecting your family from the potentially devastating affects of this reality. LTCi helps your savings to remain intact while helping keep your spouse and children as family members, not caregivers. Call me today to arrange a time to discuss your family's long term care needs.

Coverage provided by Policy Forms ML7500P et al. (In ID, ML7500P-ID, in NC ML7500P-NC, in PA, ML7500P-PA, & in TX ML7500P-TX).

Underwritten by and the financial responsibility of Minnesota Life Insurance Company of St. Paul, Minnesota. For costs and further details of coverage, including exclusions and reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact your agent. An agent/representative may contact you

MINNESOTA LIFE

Minnesota Life Insurance Company

A Securian Company

Home Office: St. Paul, MN 55101-2098

Long Term Care Administrative Office

P.O. Box 4243, Woodland Hills, CA 91365-4243

1.888.505.9817 Tel • 1.818.887.4595 Fax

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F67694 4-2008

DOFU 4-2008

A00079-0108

Minnesota Life Insurance Company.

F67694-1. The purpose of this correspondence is the solicitation of insurance.

**How can you potentially
protect all these important areas
of your life?**

Should you require long term care...



You may maintain your relationship with your loved ones as family, not caregivers.



You have a greater chance of spending
your retirement savings as you intended.



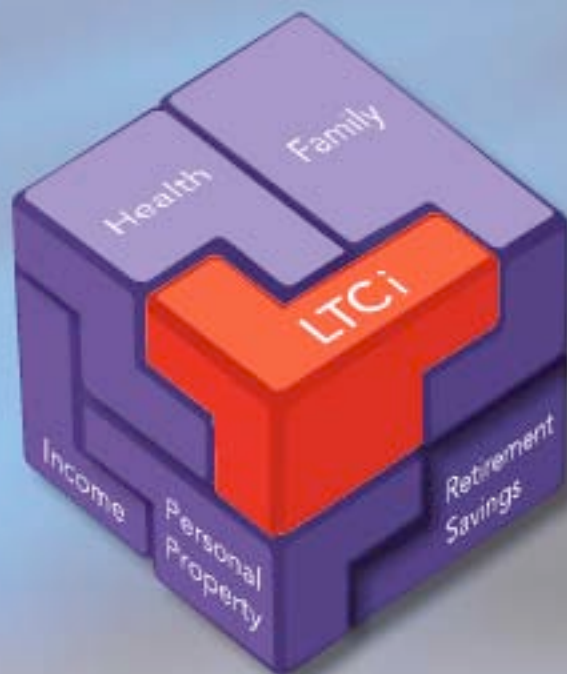
You're more likely to get the care
you and your family need.



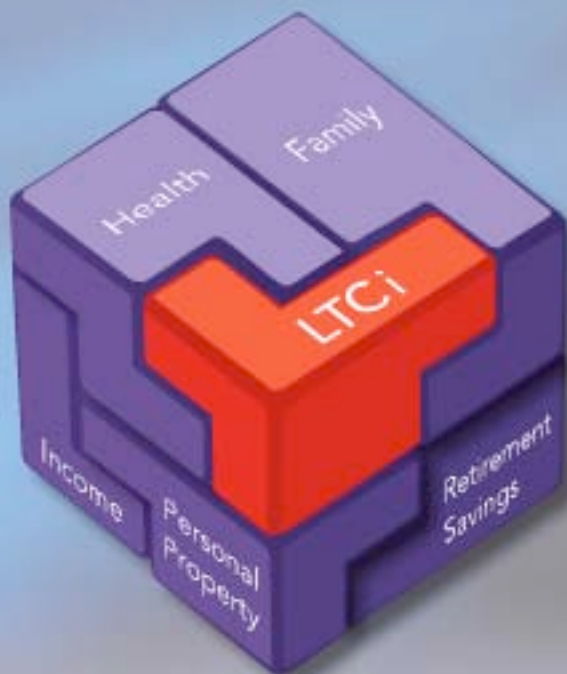
Your income may continue
to support your lifestyle.



You may not have to sell the belongings
you've worked hard to acquire to pay for care.



Long Term Care insurance:
The Building Block of Protection



**November is Long Term Care Awareness Month.
Contact me to schedule an appointment to
review your family's long term care plans.**

For costs and further details of coverage, including exclusions and reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact Minnesota Life Insurance company or your Minnesota Life representative/agent. Coverage provided by Policy Forms ML7500P et al. (In ID, ML7500P-ID, in NC ML7500P-NC, in PA, ML7500P-PA & in TX ML7500P-TX). Underwritten by and the financial responsibility of Minnesota Life Insurance Company of St. Paul, Minnesota. An agent may contact you. The purpose of this material is the solicitation of insurance.

MINNESOTA LIFE

Minnesota Life Insurance Company
A Securian Company
Home Office: St. Paul, MN 55101-2098

Long Term Care Administrative Office
P.O. Box 4243, Woodland Hills, CA 91365-4243
1.888.505.9817 Tel • 1.818.887.4595 Fax
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F67694-1 2-2008
DOFU 0-2008
A00081-0108

LTC Guard

Long Term Care Insurance from Minnesota Life Insurance Company



Coverage provided by Policy Forms ML7500P et al. (In ID, ML7500P-ID, in NC ML7500P-NC, in PA, ML7500P-PA, & in TX ML7500P-TX). Underwritten by and the financial responsibility of Minnesota Life Insurance Company of St. Paul, Minnesota. For costs and further details of coverage, including exclusions and reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact your agent. An agent/representative may contact you.

MINNESOTA LIFE

Minnesota Life Insurance Company
A Securian Company
Home Office: St. Paul, MN 55101-2098

Long Term Care Administrative Office
P.O. Box 4243, Woodland Hills, CA 91365-4243
1.888.505.9817 Tel • 1.818.887.4595 Fax
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F68454 4-2008
DOFU 4-2008
A01536-0408

The purpose of this material is the solicitation of insurance.

F68454

MINNESOTA LIFE
A Securian Company

6-2007

(Name)(Title)(License)

(Date)

(Address)

(Salutation)

If you're like most people, you're guilty of taking your health for granted. Oftentimes, people think health crises happen to "someone else." But inevitably, to somebody, you are that "someone else."

Planning for long term health care is *The Building Block of Protection*. **November is National Long Term Care Awareness Month and a wonderful time to discuss what plans you may have in place with your family.**

Although it may not be pleasant to think about becoming sick or frail and needing to rely on others for assistance, many of us may have to face this reality. In fact, by the year 2030, nearly 150 million Americans will have some type of chronic illness, a 50% increase since 1995.* As Americans develop these chronic illnesses, the need for long term health care rises.

If you've ever provided care for a parent, grandparent, or aging relative, the emotional and financial strains are likely all too familiar. By creating a long term health care plan, you could protect your family from the potential burden of making difficult decisions regarding your care, as well as help preserve your retirement assets.

Call me today to talk about how we can create a plan for your long term health care needs to protect your family, retirement, income and health.

I look forward to speaking with you.

Sincerely,

(Agent Name)

(Company Approved Title)

(Contact Number)

*"Chronic Conditions: Making the Case for Ongoing Care," John Hopkins University, December 2002.

Coverage provided by Policy Forms ML7500P et al. (In ID, ML7500P-ID, in NC ML7500P-NC, in PA, ML7500P-PA, & in TX ML7500P-TX). Underwritten by and the financial responsibility of **MINNESOTA LIFE INSURANCE COMPANY** of St. Paul, Minnesota. For costs and further details of coverage, including exclusions and reductions or limitations and the terms under which the long term care insurance policy may be continued in force, contact your agent. An agent/representative may contact you. *The purpose of this material is the solicitation of insurance.*

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Cover Letter

Review Status:

Filed-Closed

07/23/2008

Comments:

Attachment:

AR Cover Letter 5-7-08.pdf

Satisfied -Name: NAIC Transmittal

Review Status:

Filed-Closed

07/23/2008

Comments:

Attachment:

Transmittal - Arkansas NAIC.pdf

Minnesota Life Insurance Company
Long Term Care Administrative Office
21600 Oxnard Street, Suite 1500
Mailing Address: Post Office Box 4243
Woodland Hills, CA 91365-4243
888.505.9817 Tel • 818.887.4595 Fax

MINNESOTA LIFE

A Minnesota Mutual Company

May 7, 2008

Harris Shearer
Rate and Form Analyst
Arkansas Department of Insurance
1200 West Third Street,
Little Rock, Arkansas 72201-1904

RE: MINNESOTA LIFE INSURANCE COMPANY – NAIC # 66168
Submission of Advertising Materials To Be Used with
Long Term Care Policy Form ML7500P-AR et al. ---

F67694	LTC Flyer
F67694-1	LTC Flash Presentation
F68454	LTC Folder
A01448-0408	LTC Client Awareness Letter

Dear Mr. Shearer,

The enclosed advertising material is being submitted for your review and approval. This material will be used with Long Term Care Policy form ML7500-P-AR, et al., and is intended as an “invitation to inquire.”

Thank you very much for your assistance with this submission. If you have any questions, please do not hesitate to contact me.

Sincerely,




Michael Lewis
Senior Compliance Analyst
(800) 366-5463, ext. 2380
Michael.Lewis@LifeCare.Assurance.com
Attachments

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of						
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number						
7.	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission		Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Group <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> </div>					
9.	Type of Insurance						
10.	Product Coding Matrix Filing Code						
11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> <u>FORMS</u> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div style="width: 45%;"> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>					

12.	Filing Submission Date		
13	Filing Fee (If required)	Amount _____	Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		

16.	Certification (If required)
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.</p> <p>Print Name _____ Title _____</p> <p>Signature <u></u> Date: _____</p>	

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing			%	
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1